

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 366  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. Yamil C Rivera MD**

Mailing Address Monte Verde Real Vereda 20

City State Zip Code  
 San Juan PR 00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Spine Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : A00D06658EBC740BDB95**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matthew Roberts MD**

Mailing Address 325 E 72nd St Apt 9C

City State Zip Code  
 New York NY 10021-4698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : A0611923847684E64B37**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jose E Rodriguez MD**

Mailing Address 2500 Fondren Ste 210

City State Zip Code  
 Houston TX 77063-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : AD75B29B7BDC941B9AF0**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00